tumour be seated on the lower segment of the choroid coat, the collected fluid is pressed by the tumour more towards the side, and a separation of the retina, with a wider area, becomes evident. At whatever part of the retina the sarcomatous tumour may lie, it can but with difficulty be detected, excepting there be an abnormal development of vessels. These are clearly distinguishable from normal retinal vessels, and from those proper to the choroid coat. This was proved to Dr. B. by many opportunities for observation in cases where the tumour had its seat in the upper portion of the eye. By continuous study of chronic cases, the gradual development of the new vessels could be followed.—*Centbltt. f. d. Medicinischn. Wissenschftn.* 1870, No. 44. D. F. C.

43. *Loss of Accommodation from Nervous Shock.*—Mr. JONATHAN HUTCHINSON observes (*Royal London Ophthalmic Hospital Reports*, Feb. 1871) that temporary failure of sight when nervous, is very often an indication of hypermetropia. A patient may enjoy perfect sight under all other conditions, but be liable to lose distinct vision whenever startled. An example of this was supplied by a young woman who applied at the Ophthalmic Hospital a few weeks ago. She stated that she was very nervous, and that whenever anything occurred to startle her, she lost her sight for near objects. In particular, she mentioned that if in using the sewing-machine her needle snapped, she would be quite unable for a while to see her work. On examination, it was found that she was the subject of latent hypermetropia. An important distinction is to be drawn between a sudden failure of sight from this cause, and from "epilepsy of the retina," in that the former occasions dim vision only, not absolute blindness. As I have just remarked respecting the failure of accommodation, so common during lactation, that it may sometimes happen in emmetropic eyes, so I must admit that the temporary failures from "shock" do not necessarily imply hypermetropia.

44. *Failure of Sight during Lactation, and its Meaning as a Symptom.*—Mr. JONATHAN HUTCHINSON remarks (*Royal London Ophthalmic Hospital Reports*, Feb. 1871) that when patients complain of defects of sight during suckling, it is very frequently merely an indication of hypermetropia. Many hypermetropic women experience no inconvenience whatever, excepting when weakened by lactation. Under such circumstances, they find it difficult to keep the ciliary muscle up to its unusual exertion. The difficulty of sight recurs over and over again during successive periods of lactation. These cases must be carefully distinguished from those of retinal disease, which are met with now and then after pregnancy. The use of tonics is indicated at the time, and it is well to examine as to whether spectacles are not requisite. In some cases this defect occurs in emmetropic eyes, and is induced by a form of paresis of the ciliary muscle analogous to what occurs in diphtheria.

45. *Strychnia in Amaurosis.*—Prof. NAGEL, in illustration of a former communication (*American Journal of the Medical Sciences*, April, 1871, p. 579) on the successful employment of strychnia in the treatment of amblyopia and amaurosis, has recently published in the *Berlin Wöchenschrift* (No. 6) the details of a remarkable example which the present war brought under his notice. A Prussian soldier, 22 years of age, was, on August 14, struck on the left temporal region by the ball of a chassepôt, fired at about fifty paces distance, which, after shattering the outer wall of the orbit and the zygoma, passed out near the meatus auditorius. The patient did not come under Professor Nägel's care at Tübingen until January 2, when he was in full convalescence, the whole of the wound having healed, except that of the meatus, on passing a probe through which a portion of exposed bone could be felt. The left eye was completely blind, large bright objects not being visible. On placing the patient in front of a light window, he could discern only a slight glimmer of light, and was aware when this was darkened by the hand at a foot distance. In a dark room, also, the bright flame of a lamp was perceived at some inches distance. The visual power of the right eye, too, had undergone considerable diminution, and, if it were employed for a few minutes in reading even large letters, it became fatigued,

while subjective flashes of light appeared in the left eye. The man could not possibly follow his occupation as a weaver. Externally, the eyes exhibited little abnormal, the left pupil, however, being somewhat dilated, and only moving slowly. The results of the ophthalmoscopic examination are given in considerable detail, when it appeared that the ball could not have come into contact with either eye, the effects observed having been produced by the compression of the air caused by its striking against the bones. Some very minute foreign bodies which were observed in the vitreous body were probably due to granules of powder. As the changes which had been induced by the subsequent inflammation were not considerable, the blindness being due rather to functional paralysis than visible anatomical alterations, a favourable prognosis was given. At all events, a moderate improvement in the left eye from the strychnia treatment was anticipated, and the result far exceeded the expectation. Between January 5 and January 15 nine injections of strychnia were performed in the supraorbital region, or in one or other of the temporal regions. The patient's condition markedly improved after each injection, and as after the ninth he was able to read Jäger's type, No. 1 at 7 inches, and No. 17 at 12 feet distance, his cure was regarded as completed. Judging from all former experience, the improvements thus obtained will also prove to be durable. No ill effects whatever were observed during the treatment to result from the use of the strychnia. A coincident of deafness of the left ear, produced by the shattering of the temporal region, was in no wise bettered by the treatment.—*Medical Times and Gaz.*, April 15, 1871.

MIDWIFERY.

46. *On the Mechanism of the Expulsion of the Placenta.*—Dr. J. MATTHEWS DUNCAN, in a very interesting and instructive paper on this subject, remarks as follows: (*Edinburgh Medical Journal*, April, 1871.) A study of our copious obstetric literature satisfies me that the point I propose to describe in the mechanism of labour is generally misunderstood.

Every one knows that the membranes are expelled, inverted, or flapped over upon themselves; and the same view is held regarding the placenta. It is to this last part's condition during expulsion that I am now directing attention.

Now, the erroneous belief that the placenta generally descends presenting its fœtal surface, seems to me to have arisen from observers not keeping in mind the very great frequency with which the natural mechanism of delivery of this cake is interfered with. I may say, that it is unfortunately the rule to interfere with this part of the natural mechanism of delivery. Such interference, generally carried out as it is by pulling the cord, produces an unnatural mechanism—inversion of the placenta, as Ramsbotham calls it; and this unnatural mechanism, this inversion of the placenta, comes to be described as the natural conduct of the delivery.

To find out the natural mechanism of the expulsion of this cake, it is only necessary to watch the process as nature conducts it; that is, in cases in which the practitioner does not try to modify it in any way. This any one can easily do, by wounding or otherwise marking the part presenting at the mouth of the womb, and then after its birth examining the placenta to find where the wound is; or the observer may pinch the part first presenting at the vaginal orifice, and retain hold of it till the whole is born, and then find what is the part so pinched.

In this way it is easily discovered that the part of the placenta presenting at the os uteri, and subsequently at the os vaginæ, is not the fœtal or amniotic surface, but the edge of the placenta, or a point very near the edge. When it is not exactly the edge, the placenta is not inverted or folded upon itself, there is only a little of the lower marginal part of the cake transversely folded up; it is still really the edge that presents, only thickened a little by being folded on itself; and I think this folding occurs chiefly in placentæ which are thin at the